RANDLE AFFIDAVIT EXHIBIT 3

## Exhibit 3(a): Abbott

- J2930
- J0635
- J3360
- J3010
- J1940
- J1580
- · J1644
- J0640
- J3370

	Employee
04-2765554	010000494501

11/16/2004 Date Issued

Amount Paid:



WILBRAHAM, MA 01095

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 2712494

ı

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1249375

**Explanation of Benefits** 

SMW+ Program



Comments:

**FAMILY CARE MEDICAL CENTER** 1515 ALLEN ST . SPRINGFIELD, MA 01118

Provider:

Participant SSN:

FAMILY CARE MEDICAL CENTER .

Dependent

JLS Claim Number 2712494







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tene, Middle Intitial)	A PATIENT'S BIRTH DATE MM DD YY SEX		u, Middle Initial)
	0.8 128 1943 X F 6. PATIENT RELATIONSHIP TO INSURED Setty Spouse Chad Other	<del>-</del>	
WILBRAHAM MA		CITY WILBRAHAM	STATE 2
01095-0000	Employed Full-Time Part-Time Student Student	ZIP CODE 01095 - 0000	ATION AM
₫e Indial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FEO	<u>.</u>
L. SET INGUISEUS DATE OF BIRTH SEX	D. AUTO ACCIDENT? (CURRENT OR PREVIOUS)	a INSURED'S DATE OF BIRTH MM   DD   YY  08   28   1943	SEX SEX
MM   DD   YY  OB   28   1943   MK   F    EMPLOYER'S NAME OF SCHOOL NAME	D. AUTO ACCIDENT?  PLACE (Sbie)  YES  NO  C OTHER ACCIDENT?	RETIRED DISABILI	TY
d. INSURANCE PLAN NAME OR PROGRAM NAME.	YES Y NO TO THE SERVED FOR LOCAL USE	C, INSURANCE PLAN NAME OR PROGR SHEET METAL WORK & ISTHERE ANOTHER HEALTH BENEF	ERS E
NATIONAL HERI'FAGE  12. PAYIENT'S OR AUTHORIZED PERSON'S SIGNATURE ( subsuze the to process the calm. Labor present process of the calm.		YES NO Hyes, rel	um to and complete Item 9 a-d.
pelow.	to mysell or to the party who accepts assignment	paymont of medical baselits to the und services described below.	orsigned physician or supplier for
	DATE 02-28-03  F PATIENT HAS HAD SAME OR SIMILAR ILLNESS.  GIVE FIRST DATE MM   DD   YY	SIGNATURE ON  18. DATES PATIENT UNABLE TO WORK  MM   DO   YY	IN CURRENT OCCUPATION
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 17.0  MATHEWS THOMAS	LD. NUMBER OF REFERRING PHYSICIAN	10. HOSPITALIZATION DATES RELATED MM DO YY	י אין וענון ויייאים סד
19. RESERVED FOR LOCAL USE	E51790		TO
21. DIAGNOSIS OR NATURE OF ILINESS OR INJURY, (RELATE ITEMS )	2.3 OR 4 TO STEM 24E BY UNE)	SS WEDICAID HERRIBMISSION  STATES NO DESIGNATION  OBJGINA	A REF. NO.
2 1995, 3. 4	<u> </u>	23. PRIOR AUTHORIZATION NUMBER	
A B C  ATE(S) OF SERVICE TO PISCO TYPO PROCEDUR  NAM DD YY MM DD YY SERVICE SERVICE CFT/HGFC	ES, SERVICES, OR SUPPLIES D'AGNOSIS O Unusual Circumstances) CODE CODE	F G H  DAYS EPSOT OR Family EN	J. K Z RESERVED FOR O LOCAL USE F
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			PHYSICIAN
25. FEDERAL TAX I.D. NUMBER SSN EIN 25. PATENT'S AC  Q4-2765554	(For govt, claims, see back)	ZE TOTAL CHARGE 29. AMOUNT	PAID 33. BALANCE DUE
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OF CREDENTIALS RENDERED (II Credity that the statements on the reverse apply to this bill and are made a part formers).  MAIN OF	PDRESS OF FACILITY WHERE SERVICES WERE other than from or office)  FICE URGENT CARE P	3. PHYSICIANS, SUPPLERYS BILLING NA A PHONE? URGENT CARE PHYSI	ME, ADDRESS, ZIP CODE
ил тирите тисыл с мо 1515 АС	LEN STREET IELD, MA 01118-000	1515 ALLEN STREET SPRINGFIELD, MA	•
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i R R	RU1072 RO1072 RO1072 RO1072 REM: MBO PT RESP CLAIM INFO	1004 100404 11 1004 100404 11 1004 100404 11 1004 100404 11 14.12 RMATION FORWARDED	1 97110 1 97140 1 97035 1 97010 CLAIM	GP GP	48:00 48:00 43:00 28:00	29.97 27.78- 12.86 0.00 70.61	0.00 0.00 0.00 0.00	5.99 CO-42 5.56 CO-42 2.57 CO-42 0.00 CO-B1	18-03 20-22 30-14 28-00 96-39	23.98 22.22 10.29 0.00 56.49
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11/07/2001 Date Issued

Amount Paid:

\$560.62

CHESHIRE, MA 01225

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File Copy

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### SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 1601128

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 0124159

**Explanation of Benefits** 

SMW+ Program



Comments:

Barriag Trick lea

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Provider:

BERKSHIRE MEDICAL CENTER

Participant SSN:

CJB Claim Number: 1601128

BERKSHIRE MEDICAL CENTER PO BOX 4999 PITTSFIELD, MA 01202

Southern Benefit
Administrators, Inc.

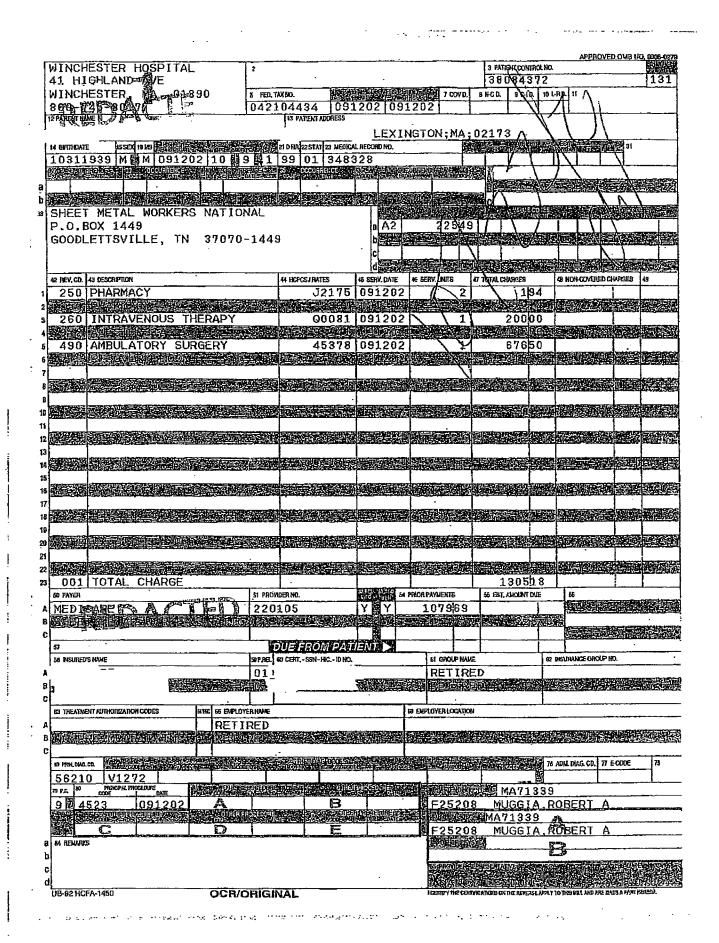
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### MEDICARE INTERMEDIARY REMITTANCE ADVICE

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Processed by SOUTHERN BENEFIT ADMINISTRATIONS INC.



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09/01/2004 Date Issued

Amount Paid: \$2



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SOUTHBRIDGE, MA 01550

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

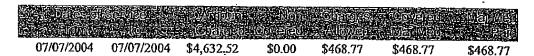
Claim No. 2632504

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1171960

**Explanation of Benefits** 

SMW+ Program



Comments:

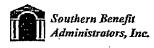
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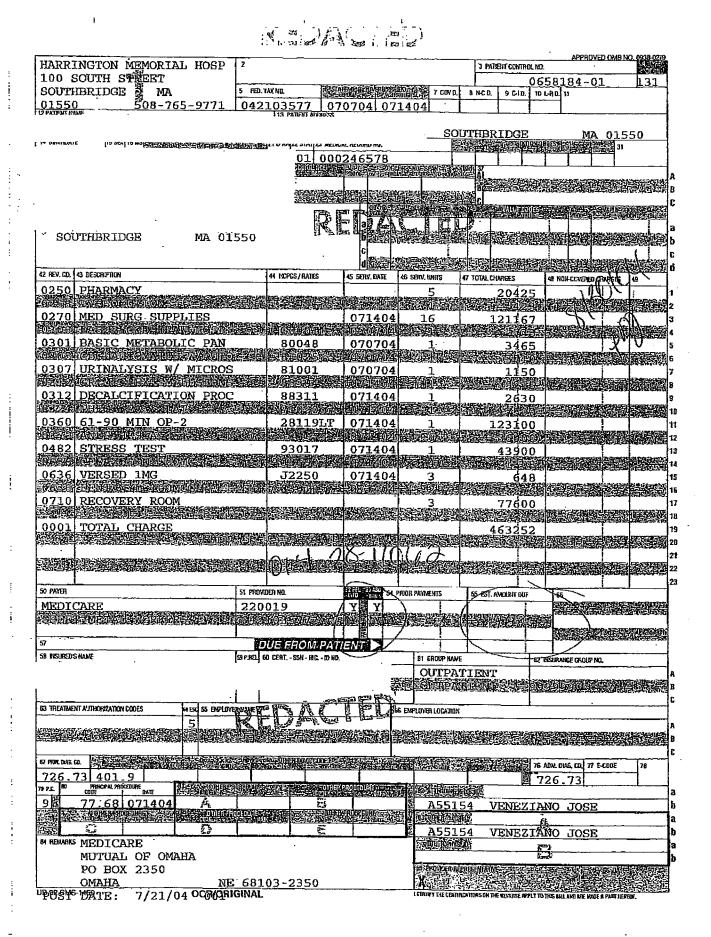
Provider:

Participant SSN:

HARRINGTON MEMORIAL HOSPITAL

PDS Claim Number: 2632504

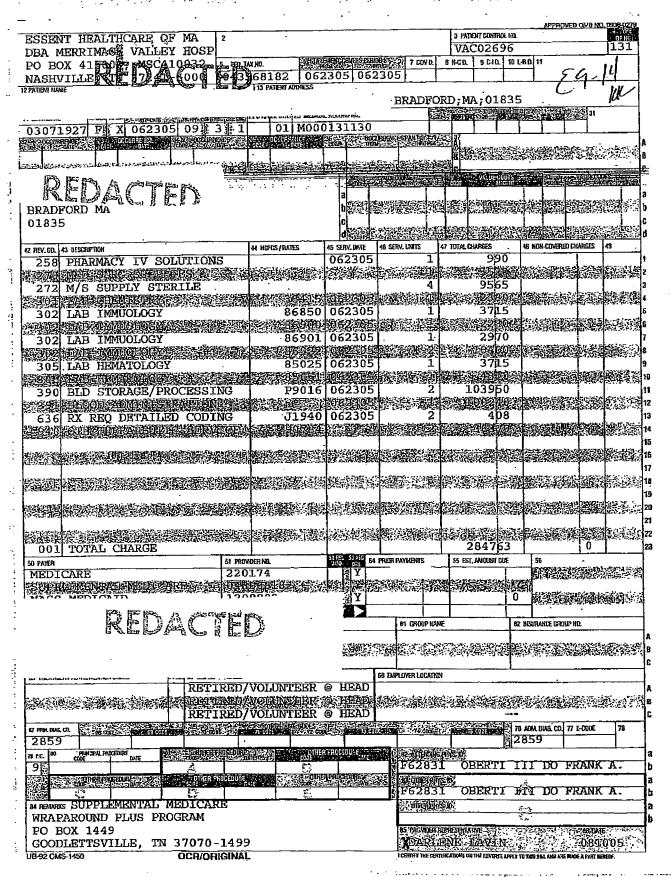




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09/15/2005

Date Issued

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Amount Paid:

\$153.16

HAVERHILL, MA 01831

File Copy

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No.3034613

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1549011

**Explanation of Benefits** 

SMW+ Program



06/23/2005

06/23/2005

\$2,847.63

\$0.00

\$153.16

\$153.16

\$153.16

Comments:

Raymen and the

ESSENT HEALTHCARE PO BOX 415000 NASHVILLE, TN 37241 Provider: Participant SSN:
KAK Claim Number: 3004613

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Processed by

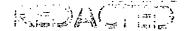


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06/22/2004 Date Issued

Amount Paid:



SO WEYMOUTH, MA 02190

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### SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

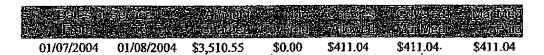
Claim No.2554958

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1098039

**Explanation of Benefits** 

SMW+ Program



Comments:

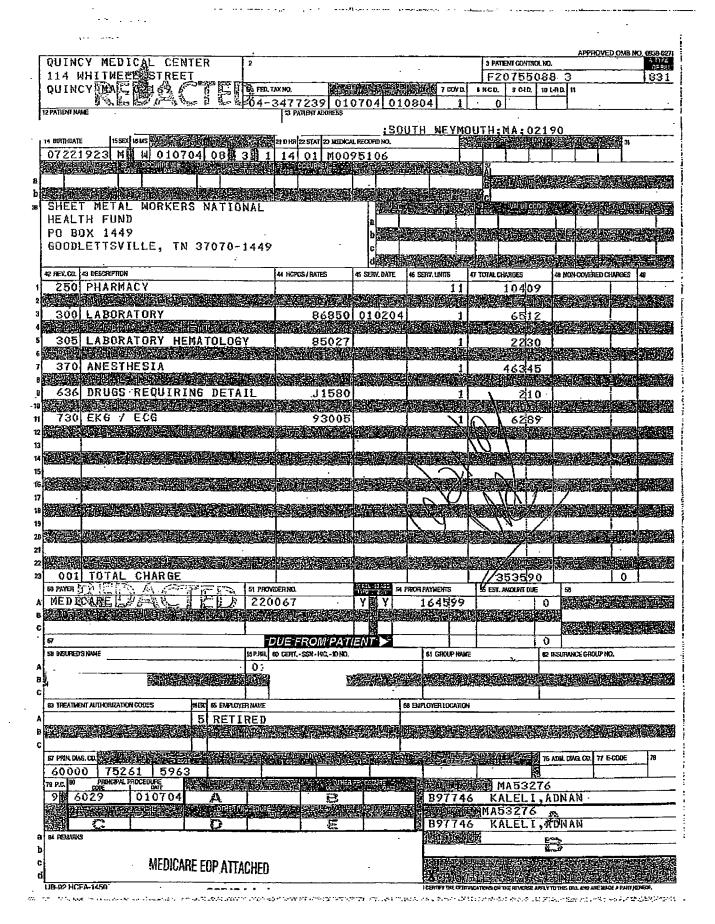
QUINCY MEDICAL CENTER 114 WHITWELL STREET **QUINCY, MA 02169** 

Provider: Participant SSN: QUINCY MEDICAL CENTER

\_Dependent:

VLC Claim Number: 2554958





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Amount Paid:

NEWBURYPORT, MA 01950

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 2665060

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1203371

**Explanation of Benefits** 

SMW+ Program



Comments:

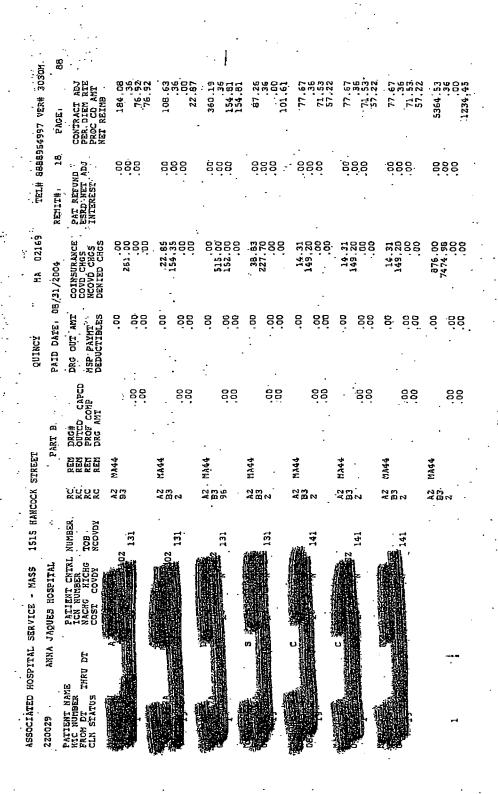
ANNA JAQUES HOSPITAL 25 HIGHLAND AVE NEWBURYPORT, MA 01950 Provider.

ANNA JAQUES HOSPITAL

Participant SSN:

RES Claim Number: 2665060





EMPLOYEE	and the state of t	Committee (Marie Joseph )		T RF APPLICABLE).	RELATIONSHIP	25. 45. 25.41.26.25.26.46.46.46.46.46.46.46.46.46.46.46.46.46
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# MEDICARE NATIONAL STANDARD INTERMEDIARY REMITTANCE ADVICE HALLMARK HEALTH SYSTEMS PROVIDER: 220070 MEDICARE 100 HOSPITAL ROAD ENDING: 10 /31/2002 MALDEN MA 02148 BILL TYPE: 131 NAME: SERVICE: 10/01/2002 THRU 10/31/2002 HIC: PCN: V19070457 1 MEDICARE PAYMENT DATE: 12/03/2002 MRN: H0081528 ICN: 1231539763 PAT STAT: 01 CLAIM STAT: 1 CHARGES PPS DATA PAYMENT DATA REPORTED. 2720.00 DRG. 000 REIMB RATE 0.00 NON-COVERED. 219.00 DRG AMOUNT. 0.00 PROF COMP. 0.00 DENIED. 0.00 DRG/OPERATION 0.00 PROFIEM. 0 DRG/CAPITAL 0.00 INTEREST 0.00 DAYS BLOOD DEDUCT 0.00 COVERED DAYS 0000 TOTAL DEDUCT 0.00 CONT ADJ AMT 1957.70 NON-COVERED DAYS 0000 CO-INSURANCE 95.20 NET REIMB AMT 448.10



11/02/2005 Date Issued

Amount Paid:



MEDWAY, MA 02053



File Copy

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SHEET METAL WORKERS' NATIONAL HEALTH FUND

P.O. Box 1449

Claim No. 3093339

Goodlettsville, TN 37070-1449 Phone (615) 859-0131 Toll-free (800) 831-4914

Check No. 1605648

**Explanation of Benefits** 

SMW+ Program



Comments:

Provider.

MIL ORD REGIONAL MEDICAL CEN

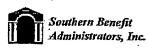
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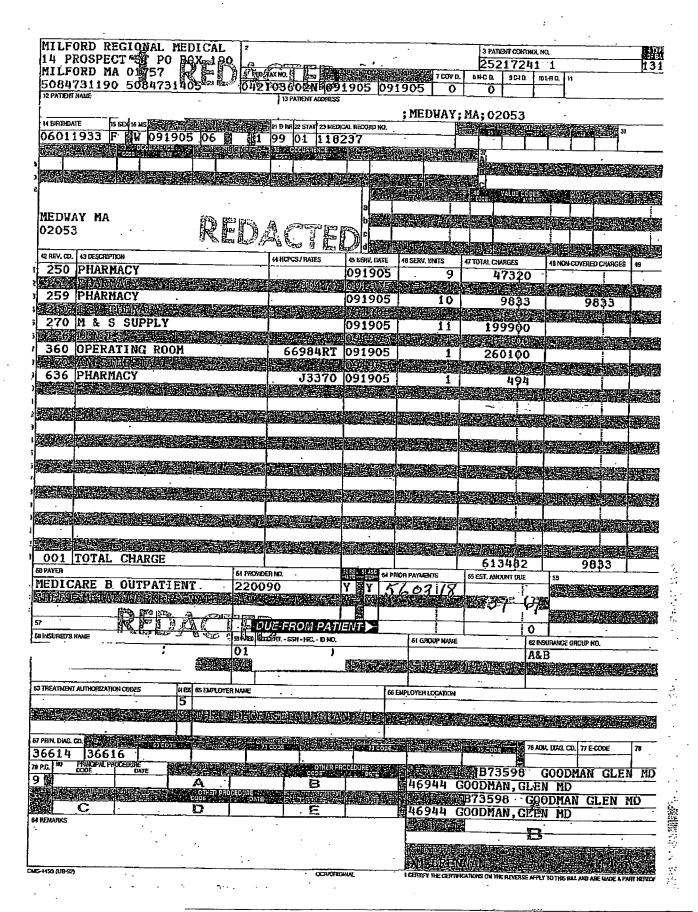
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